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7590 06/06/2005



Thomas C Pontani
Cohen Pontani Lieberman & Pavane
551 Fifth Avenue Suite 1210
New York, NY 10176
09/02/2005 SSIN/IRB# 00000056 09787618

81 EC:1501 1400.00 00
82 EC:8801

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<i>Michael C. Stuart</i> (Depositor's name)
<i>Michael C. Stuart</i> (Signature)
August 30, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/787,618	09/25/2001	Martin Keller	3245-799 PUS	5959

TITLE OF INVENTION: ALLOCATION OF A CHANNEL FOR DATA CALLS WITH A DIFFERENT USEFUL SIGNAL/ DISTURB SIGNAL RATIO THAN FOR CHANNELS USED FOR VOICE CALLS IN MOBILE RADIO NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FERGUSON, KEITH	2683	455-423000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>ICOHEN, PONTANI,</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<i>LIEBERMAN & PAVANE</i>
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mannesmann AG

Düsseldorf, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Michael C. Stuart*

Date August 30, 2005

Typed or printed name Michael C. Stuart

Registration No. 35,698

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